County: La Crosse Facility ID: 8360 Page 1

LA CROSSE NURSING HOME 620 SOUTH 11TH STREET

LA CROSSE Phone: (608) 791-9787 Ownershi p: Non-Profit Church Related 54601 Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? Yes Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 94 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 94 Average Daily Census: 63 Number of Residents on 12/31/00: 19

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	10. 5
Supp. Home Care-Personal Care	No					1 - 4 Years	52. 6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	36. 8
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	10. 5		
Respite Care	No	Mental Illness (Other)	5. 3	75 - 84	26. 3		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47. 4	**********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	15.8	Full-Time Equivalen	t
Congregate Meals	No	Cancer	5. 3			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	5. 3		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	10. 5	65 & 0ver	100.0		
Transportation	No	Cerebrovascul ar	15.8			RNs	37. 9
Referral Service	No	Diabetes	5. 3	Sex	%	LPNs	11.6
Other Services	No	Respi ratory	10. 5			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	42. 1	Male	10. 5	Aides & Orderlies	127. 4
Mentally Ill	No	İ		Female	89. 5		
Provide Day Programming for		İ	100.0				
Developmentally Disabled	No	İ			100. 0		
		·					

Method of Reimbursement

		Medi c	are		Medi c	ai d											
(Title 18)		((Title 19)			0ther		P	Pri vate Pay]	Managed Care			Percent		
			Per Die	Di em		Per Diem		Per Diem		n Per Diem			1	Per Diem Total			Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	7. 1	\$115. 90	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	5. 3%
Skilled Care	0	0.0	\$0.00	13	92. 9	\$98. 27	0	0.0	\$0.00	5	100. 0	\$137.00	0	0. 0	\$0.00	18	94. 7%
Intermediate				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	0	0. 0		14 1	100. 0		0	0.0		5	100.0		0	0. 0		19	100.0%

LA CROSSE NURSING HOME

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	ions, Services, a	and Activities as of 12	/31/00
Deaths During Reporting Period							
				•	% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	2.4	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.6	Bathi ng	0. 0		84. 2	15. 8	19
Other Nursing Homes	0.0	Dressi ng	15. 8		42. 1	42. 1	19
Acute Care Hospitals	94.6	Transferring	15. 8		42. 1	42. 1	19
Psych. HospMR/DD Facilities	0.0	Toilet Use	10. 5		36. 8	52. 6	19
Rehabilitation Hospitals	0.0	Eati ng	31. 6		42. 1	26. 3	19
Other Locations	2.4	*************	**********	*****	**********	********	******
Total Number of Admissions	166	Continence		%	Special Treatme	ents	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	10. 5	Receiving Res	pi ratory Care	0. 0
Private Home/No Home Health	27.6	0cc/Freq. Incontiner	nt of Bladder	73. 7	Receiving Tra	cheostomy Care	0. 0
Private Home/With Home Health	16. 3	Occ/Freq. Incontinen	nt of Bowel	78 . 9	Receiving Suc	ti oni ng	0. 0
Other Nursing Homes	19. 0				Receiving Ost	omy Care	0. 0
Acute Care Hospitals	13.6	Mobility			Recei vi ng Tub	e Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Med	hanically Altered Dieta	s 0.0
Rehabilitation Hospitals	0. 9						
Other Locations	7. 7	Skin Care			Other Resident	Characteri sti cs	
Deaths	14. 9	With Pressure Sores		15.8	Have Advance	Di recti ves	0. 0
Total Number of Discharges		With Rashes		5. 3	Medi cati ons		
(Including Deaths)	221				Receiving Psy	choactive Drugs	0. 0

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	Thi s	0ther	Hospi tal -	A	A 11
	Facility	Based Facilities		Faci	lties
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	67. 0	87. 5	0. 77	84. 5	0. 79
Current Residents from In-County	100. 0	83. 6	1. 20	77. 5	1. 29
Admissions from In-County, Still Residing	1. 2	14. 5	0. 08	21. 5	0. 06
Admissions/Average Daily Census	263. 5	194. 5	1. 35	124. 3	2. 12
Discharges/Average Daily Census	350. 8	199. 6	1. 76	126. 1	2. 78
Discharges To Private Residence/Average Daily Census	154. 0	102. 6	1. 50	49. 9	3. 09
Residents Receiving Skilled Care	100. 0	91. 2	1. 10	83. 3	1. 20
Residents Aged 65 and Older	100. 0	91. 8	1. 09	87. 7	1. 14
Title 19 (Medicaid) Funded Residents	73. 7	66. 7	1. 10	69. 0	1. 07
Private Pay Funded Residents	26. 3	23. 3	1. 13	22. 6	1. 16
Developmentally Disabled Residents	0. 0	1. 4	0.00	7. 6	0. 00
Mentally Ill Residents	5. 3	30. 6	0. 17	33. 3	0. 16
General Medical Service Residents	42. 1	19. 2	2. 19	18. 4	2. 28
Impaired ADL (Mean)*	61. 1	51.6	1. 18	49. 4	1. 24
Psychological Problems	0. 0	52. 8	0. 00	50. 1	0. 00
Nursing Care Required (Mean)*	2. 6	7.8	0. 34	7. 2	0. 37